

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17267**  
Registrar's No. **55**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 25 1943

10

Primary Registration District No. **3002 5037**

1. PLACE OF DEATH:

(a) County **Audrain**  
(b) City or town **Mexico (Rural)**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **None**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **61 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Sam H. Bise**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**  
6. (b) Name of husband or wife **Lettie Bise** 6. (c) Age of husband or wife if alive **75** years  
7. Birth date of deceased **Dec. 25, 1864**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**78 4 14** hr. min.

9. Birthplace **Smith Co., Va.** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Self**

MOTHER FATHER

12. Name **Dk**  
13. Birthplace **Dk** (City, town, or county) (State or foreign country)  
14. Maiden name **Dk**  
15. Birthplace **Dk** (City, town, or county) (State or foreign country)

16. (a) Informant **Haul Bise**  
(b) Address **Centralia, Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4/11/43** (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood**

18. (a) Signature of funeral director **Chas. C. C. C.**

(b) Address **Mexico, Missouri**

19. (a) **4/11/43** (Date received local registrar) (b) **Margaret H. Mackie** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Audrain** 4  
(c) City or town **Mexico (Rural)** 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. **H. F. D. #1** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **9th**  
year **1943** hour **6 PM** minute **M.**

21. I hereby certify that I attended the deceased from **9-20**, 1940, to **4-9**, 1943;  
that I last saw him alive on **3-30**, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic degenerative myocarditis**  
**Heart Block**  
Duration **10 years 1840**

Due to **10-11-12**

Due to **93d**

Other conditions **93d**  
(Include pregnancy within 3 months of death)

Major findings: **—**  
Of operations **—**  
Of autopsy **—**  
PHYSICIAN **—**  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **—**  
(b) Date of occurrence **—**  
(c) Where did injury occur? **—** (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **—**

While at work? **—** (Specify type of place) (e) Means of injury **—**

23. Signature **Harry F. O'Brien** (M. D. or other) **—**  
Address **Mexico, Mo** Date signed **4-22-43**

*Dr. O'Brien*  
RECEIVED

District Health Officer No. 10

District File Number 5-43-926

Date Filed MAY 21 1943

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3564

P. O. Address..... Mexico, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.